



Last Updated: 07/08/2022

## Money Follows the Person (MFP) Program: Program Extension Through 2016 and Eligibility Changes — Effective June 1, 2011

The purpose of this memorandum is to notify providers that the Money Follows the Person (MFP) Program has been extended through 2016 and that effective June 1, 2011, some of the MFP eligibility rules changed. These changes are a direct result of the Patient Protection and Affordable Care Act (ACA) that was signed into law in March 2010. The information contained in this memorandum supersedes any information found in the Department of Medical Assistance Services' Provider Manuals.

### **BRIEF OVERVIEW OF THE MFP PROGRAM & PROGRAM EXTENSION**

In May 2007, Virginia received an award from the federal Medicaid agency, the Centers for Medicare & Medicaid Services, for the MFP Rebalancing Demonstration Project established by the federal Deficit Reduction Act of 2005. The MFP Program has three goals: (1) to provide individuals who live in nursing facilities, intermediate care facilities for persons with mental retardation (ICFs/MR), and long-stay hospitals more informed choices and options about transitioning into a more integrated community setting; (2) to transition individuals from these institutions if they choose to live in the community; and,

3. to promote quality care through services that are person-centered, appropriate, and based on individual needs. Funding for the MFP Program comes from both federal and state sources. Originally, the MFP Program was authorized through 2011. The ACA extends the MFP Program through September 30, 2016.

### **MFP PROGRAM ELIGIBILITY CHANGES-EFFECTIVE JUNE 1, 2011**

Effective June 1, 2011, some of the eligibility rules for the MFP Program changed (**changes are highlighted in bold below**). Therefore, effective June 1, 2011, to be eligible for the MFP Program individuals must:

- Reside in a qualified institution for at least 90 consecutive days. Residency in nursing facilities, long-stay hospitals, ICFs-MR, Institutions for Mental Diseases (IMDs), and Psychiatric Residential Treatment Facilities (PRTFs), or a combination thereof; counts toward the 90 consecutive day requirement. Any days spent in an institution for the

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**purposes of receiving short-term skilled rehabilitation services reimbursed under Medicare do not count toward the 90 days; and,**

- **Have received Medicaid benefits for inpatient services for at least one day prior to MFP enrollment (individuals between the ages of 22 and 64 may not transition directly from an IMD since Medicaid benefits for inpatient services are not provided in an IMD); and,**
- Be a resident of the Commonwealth of Virginia; and,
- Qualify for one of the following home and community-based long-term care support programs :
  - Elderly or Disabled with Consumer Direction Waiver (EDCD);
  - Individual and Family Developmental Disabilities Support Waiver (IFDDS);
  - HIV/Aids Waiver (AIDS);
  - Intellectual Disability (ID) Waiver;
  - Technology Assisted Wavier (TECH); or,
  - The Program of All-Inclusive Care for the Elderly (PACE); and,
- Move to a “qualified residence.” A qualified residence is: (1) a home that is owned or leased by the individual or the individual’s family member(s); (2) an apartment with an individual lease, with lockable entry and exist, which includes living, sleeping, bathing and cooking areas over which the individual or the individual’s family has domain and control; or, (3) a residence in a community-based residential setting in which no more than four unrelated individuals reside.

### **ADDITIONAL INFORMATION REGARDING THE MFP PROGRAM**

Please visit Virginia’s MFP website at <http://www.olmsteadva.com/mfp/> or e-mail questions to [mfp@dmas.virginia.gov](mailto:mfp@dmas.virginia.gov) for additional information about the MFP Program.

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the ACS Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 A.M. to 5:00 P.M. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **“HELPLINE”**

The “HELPLINE” is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The “HELPLINE” numbers are:

1-804-786-6273

Richmond area and out-of-state long distance



Department of Medical Assistance Services  
600 East Broad Street  
Suite 1300  
Richmond, VA 23219

<https://dmas.virginia.gov>

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1-800-552-8627

All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.